

# NORTHWEST SWIM & DIVE TEAMS REGISTRATION - Summer 2011

## Participant(s):

**Athlete 1** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Participation Fee-\$65

Age\* \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ GCSL Swim \_\_\_\_\_ GCSL Dive \_\_\_\_\_ COSA \_\_\_\_\_

**Athlete 2** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Participation Fee-\$65

Age\* \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ GCSL Swim \_\_\_\_\_ GCSL Dive \_\_\_\_\_ COSA \_\_\_\_\_

**Athlete 3** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Participation Fee-\$20

Age\* \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ GCSL Swim \_\_\_\_\_ GCSL Dive \_\_\_\_\_ COSA \_\_\_\_\_

**Athlete 4** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Participation Fee-\$0

Age\* \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ GCSL Swim \_\_\_\_\_ GCSL Dive \_\_\_\_\_ COSA \_\_\_\_\_

\*Age the child will be on June 15, 2011 (as required by GCSL league rules)

**TOTAL FEE** \_\_\_\_\_

Make checks payable to Northwest Swim Team (do not include in dues or lesson check)

Mail to: Terry Smith, Treasurer, 2586 Wickliffe Rd., Columbus, OH 43221 or bring to Open House

## Emergency Contact Information:

Name of Parents or Legal Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone#: Home: \_\_\_\_\_ Mom's cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Dad's work: \_\_\_\_\_ Mom's work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (Booster Club communication only)

If we are unable to contact either parent, please give us the names of two other persons to contact in case of an emergency.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**In the event of an accident or illness where medical care and/or hospitalization is deemed necessary and none of the above listed individuals can be contacted, do you give the Coach or Pool Manager permission to:**

1. Contact your family physician? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Physician's Name*

\_\_\_\_\_  
*Address, City*

\_\_\_\_\_  
*Phone#*

2. Send or transport your child to the hospital? Yes \_\_\_\_\_ No \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Please list any known allergies, existing medical conditions and/or and regularly taken medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Consent to Participate:

I give consent for my child/children listed above, to participate in swim/dive team activities as directed by the Head Coach and/or his/her Assistant Coaches. I certify that my child/children is/are physically fit to participate in all activities. I will not hold Northwest Swim Team or Northwest Swim Club responsible for accident or injury to my child/children.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date